



Sep-01-2004 02:30pm From:AGERE SYSTEMS INC.

6107128544

T-592 P.001/001 F-059

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30394 7590 06/03/2004

~~MARSHESSE, DICKSEY & BIERGE, P.C.~~~~ROXBOROUGH~~

AGERE SYSTEMS

~~RESTON, VA 20196~~

Docket Administrator

4 Connell Drive

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Patricia M. Lott

(Depositor's name)

Patricia M. Lott

(Signature)

September 1, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/747,924	12/27/2000	John S. Clapp III	3731-114P	3478

TITLE OF INVENTION: CURRENT LIMITER FOR MAGNETO-RESISTIVE CIRCUIT ELEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, DANNY	2836	361-058000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AGERE SYSTEMS INC.

Allentown, PA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 2

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1135 (enclose an extra copy of this form).

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(Authorized Signature)

Patricia M. Lott

(Date)

Sept 1, 2004

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09/02/2004 AWONDAF2 00000018 501735 09747924

01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA
03 FC:8001	6.00 DA